DISTRICT OF COLUMBIA

DOH Office of Adjudication and Hearings 825 North Capitol Street N.E., Suite 5100 Washington D.C. 20002

		-				
Petitioner,			Case N	No.:		
v.						
Respo	ndents					
	Ι	Motion for C	ontinuanc	e		
-	_, 2001 at	ontinuance of the separate sheet, if n	AM / PM.			•
I / We request that th	•	scheduled for one OR		•		
I certify that I contacted the opposing party or his/her authorized representative regarding this motion on (date) and he/she has stated that he/she: consents or does not oppose opposes - OR -			Name		an Eachta	
				ce/Business (if a	пррисаоте)	
			Address			
I certify that I made a good faith effort to contact the opposing party or his/her authorized representative regarding this motion on (date) by telephone / fax / mail (circle all that apply) but have not received a response as of (date).			City	State	Zip Code	
			Telephone Number			
			Facsimile 1	Facsimile Number		
I further certify that I party or his/her author			at apply) a cop	y of this docur	nent to the op	posing
Representative for:	Petitioner	Respondent	Respectfully Submitted,			
	Bar Number ((as applicable)	$\frac{1}{S}$	Signature		Date